

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
JAN 19 2009

2009 FEB 19 A 10:29

### 1. Person Making the Disbursements/Obligations

(a) Name

AMERICAN RIGHTS AT WORK

(b) Address (number and street) ☐ check if different than previously reported

1100 17th Street, NW Suite 950

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C

### 3. Is This Statement

☐ New

or

☒ Amended

### 4. Covering Period

09 / 09 / 2008

through

09 / 14 / 2008

### 5. (a) Date of Public Distribution(s)

09 / 09 / 2008

### (b) Communication Title

See Saw MEN

### 6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: \_\_\_\_\_

### 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

### 8. Custodian of Records

(a) Name

Kimberly Taylor

(b) Address (number and street)

1100 17th Street, NW Suite 950

(c) City, State and ZIP Code

Washington, DC 20036

(d) Name of Employer or Principal Place of Business

American Rights at Work

(e) Occupation

Finance Officer

### 9. Total Donations This Statement

000

### 10. Total Disbursements/Obligations This Statement

130,509.35

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Kimberly A. Freeman

SIGNATURE

Kimberly A. Freeman

DATE

02-10-2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.